

Initial Application Data Sheet

Application Information

Application Number:: Unassigned
Filing Date:: August 6, 2003
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R:: None
Title:: AUTOMATED PRESCRIPTION AND/OR
LITERATURE BAGGER SYSTEM AND METHOD
OPTIONALLY INTEGRATED WITH AUTOMATED
DISPENSING SYSTEM AND/OR AUTOMATED
LABELING AND PACKAGING SYSTEM
Attorney Docket Number:: 103864.140US1
Request for Early Publication?:: No
Request for Non Publication?:: No
Total Drawing Sheets: 19
Small Entity?:: No
Petition Included?:: No
Secrecy Order in Parent Application?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: James
Middle Name:: G.
Family Name:: McErlean
City of Residence:: Allendale
State or Province of Residence:: New Jersey
Country of Residence:: U.S.

Street of mailing address:: 1 Walnut Place
City of mailing address:: Allendale
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07401

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Chih-Jen
Family Name:: Leu
City of Residence:: East Brunswick
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 42 Independence Drive
City of mailing address:: East Brunswick
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Michael
Middle Name:: Joseph
Family Name:: Szesko
City of Residence:: Freehold
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 325 Georgia Road
City of mailing address:: Freehold
State or Province of mailing address:: New Jersey

Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07728

Correspondence Information

Correspondence Customer Number:: 24395
Phone number:: 202-942-8400
Fax number:: 202-942-8484

Representative Information

Representative Customer Number::	24395	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date ::
This application	Continuation-in-part	10/215,249	August 9, 2002
10/215,249	Non-provisional	60/401,340	August 7, 2002

Assignment Information

Assignee Name:: Medco Health Solutions, Inc.
Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417-2603